



City of Annapolis
Central Services Department
145 Gorman Street, 2nd Fl
Annapolis, MD 21401-2535

FOR CITY USE ONLY

ASSIGNED VENDOR #

Phone 410-263-7944 • Fax 410-263-8120 • TDD 410-263-7943 • www.annapolis.gov

Vendor Application

Please print or type the following information

Vendor name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Contact person _____ Date business established _____

Federal ID # or Social Security # _____

Does any employee of the City of Annapolis have a financial interest, solely or partially in this company?

No Yes If yes, state nature of interest held:

Type of services or commodity _____

Current business references

Name	Address	Phone #

Minority firm? No Yes If yes, check type below.

African American

Handicapped

Woman owned

American Indian

Hasidic Jew

Asian

Hispanic

I certify that _____ (company name)

is a bona fide minority or woman-owned business, and that at least 51% of the above named business is owned by minority group members; or in case of a publicly owned business, at least 51% of the stock is owned by minority group members.

Is your company a governmentally certified minority business enterprise? No Yes

Print name _____

Title _____, Authorized official

Signature _____ Date _____

I certify that the information shown on this application is correct and that the City of Annapolis will be advised immediately of any changes affecting this data.

Print name _____

Title _____, Authorized official

Signature _____ Date _____